

# HOME SECURITY SURVEY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

NUMBERS CLEARLY POSTED ☐ ILLUMINATED ☐

BUILDING TYPE: RESIDENCE ☐ APARTMENT ☐ OTHER ☐ \_\_\_\_\_

G—Good, F—Fair, P—Poor. Circle the appropriate condition below

## DOORS RECOMMENDATIONS

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> MAIN ENTRANCE (DEADBOLT—1" MIN.) | G F P | _____ |
| <input type="checkbox"/> SIDE DOOR (PINNED HINGES)        | G F P | _____ |
| <input type="checkbox"/> BACK DOOR (STRIKE PLATE SECURED) | G F P | _____ |
| <input type="checkbox"/> CELLAR DOOR (PADLOCK)            | G F P | _____ |
| <input type="checkbox"/> SLIDING DOOR (LOCKING DEVICE)    | G F P | _____ |
| <input type="checkbox"/> GATES AND LOCKS                  | G F P | _____ |
| <input type="checkbox"/> GARAGE DOOR                      | G F P | _____ |
| <input type="checkbox"/> OTHER DOOR _____                 | G F P | _____ |

## WINDOWS

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> DOUBLE HUNG SASH | G F P | _____ |
| <input type="checkbox"/> SLIDING          | G F P | _____ |
| <input type="checkbox"/> CASEMENT         | G F P | _____ |
| <input type="checkbox"/> LOUVRE           | G F P | _____ |
| <input type="checkbox"/> OTHER _____      | G F P | _____ |

## MISCELLANEOUS

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> LIGHTING            | G F P | _____ |
| <input type="checkbox"/> SHRUBBERY           | G F P | _____ |
| <input type="checkbox"/> SKYLIGHTS           | G F P | _____ |
| <input type="checkbox"/> CRAWL SPACE         | G F P | _____ |
| <input type="checkbox"/> MISC. OPENING _____ | G F P | _____ |

## INTERIOR

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> SECURITY CLOSET          | G F P | _____ |
| <input type="checkbox"/> ALARM SYSTEM             | G F P | _____ |
| <input type="checkbox"/> SAFE                     | G F P | _____ |
| <input type="checkbox"/> OPERATION IDENTIFICATION | G F P | _____ |

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTED BY \_\_\_\_\_ DATE \_\_\_\_\_

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